PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/721,091	•
Filing Date	November 22, 2000	
First Named Inventor	W. Vincent QUINTANA	
Art Unit	2612	,
Examiner Name	Moe, Aung Soe	
Attorney Docket Number	00840.0009.NPUS00	

ENCLOSURES (Check all that apply)										
Fee Transmittal Forr	m 🔲	Drawing(s)		After Allowance Communication to TC						
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences						
Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final		Petition to Convert to a Provisional Application		Proprietary Information						
Affidavits/decla	aration(s)	Power of Attorney, Revocation Change of Correspondence Addres	ss 🗀	Status Letter Other Enclosure(s) (please Identify						
Extension of Time R	Request	Terminal Disclaimer		below): Request for Continued						
Express Abandonme	ent Request	Request for Refund		Examination (RCE)						
Information Disclosu		CD, Number of CD(s) Landscape Table on CD								
Certified Copy of Pri- Document(s)	iority	emarks	1							
Response to Missing Incomplete Application										
Response to under 37 CFR 1	Missing Parts 1.52 or 1.53									
	SIGNATURE	OF APPLICANT, ATTORNEY	, OR AG	ENT						
Firm Name Howrey Simon Arnold & White, LLP. Fullytomer No.: 22930										
Signature ///	Signature // Su									
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Date May 19, 2005				39,604						
CERTIFICATE OF TRANSMISSION/MAILING										
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FEE TRANSMITTAL		Complete If Known							
		Application Number	09/721,091	OIP					
for FY 2004		Filing Date	November 22, 2000	(-)					
Effective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	W. Vincent QUINTANA	MAY 1 0 2000 C						
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name	Moe, Aung Soe	3					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2612	B. A.					
TOTAL AMOUNT OF PAYMENT	(\$)970	Attorney Docket No.	00840.0009.NPUS00	RADEMARK					

AND			FEE CALCULATION (continued)												
METHOD OF PAYMENT (check all that apply)			3. ADDITIONAL FEES												
Check Credit card Money other None		• • • • • •													
Deposit Account:		Large Entity Small Entity													
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SUBMITTED BY					Regisration		39,60	4	Telephone		383-65				
Name (Print/Type) Migylael A Fell				(Attorney	(Agent)	39,00					_				
Signature		IIII	TI TI							Date	IVIdy	9, 200	J		_

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